



GENERAL CONSENT

I hereby consent to and authorize: _____

To perform the following procedure: _____

Patient Name: _____ Date of Birth: _____

Utilizing the following anesthetic or anesthesia: _____

My provider has explained the following to me in language that I understand: the nature of the treatment/procedure, the risks of the procedure, the possible complications of the procedure, the expected benefits or effects of the treatment/procedure, and any alternatives to the procedure and their risks and benefits.

I understand that no guarantees have been made to me concerning the results of treatment, surgery, or other procedures. If unforeseen conditions require additional procedures, and it is not reasonably practical to obtain my consent, I authorize my provider to proceed as he/she considers advisable and in my best interest, unless otherwise specified as follows. Exceptions, if any:

I have read the previous information, and I understand it. Any questions I had have been answered to my satisfaction.

Patient/Legal Guardian/Appropriate Authorizing Party

Witness signature

Date Time

Date Time

Print name and relationship to patient

Provider Signature

Date Time